



INSTRUCTIONS FOR COMPLETING

ANNUAL UTILIZATION REPORT OF

LONG-TERM CARE FACILITIES

REPORT PERIOD
JANUARY 1, 2002 THROUGH DECEMBER 31, 2002

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Annual Utilization Report of
Long-Term Care Facilities
for
Report Periods Ended in 2002

Table of Contents

General Instructions	3
REPORTING REQUIREMENTS	
Section 1 – General Information	5
Section 2 – Facility Description	6
Section 3 – Census and Utilization	7
Section 4 – Patient Demographics	10
Section 5 – Major Capital Expenditures ...	11
GLOSSARY	13

INSTRUCTIONS for ANNUAL UTILIZATION REPORT of LONG-TERM CARE FACILITIES - 2002

These are the instructions for completing the 2002 Annual Utilization Report of Long-Term Care Facilities. This document also contains a glossary of terms used in the Report.

For questions on the instructions or terms, please contact the Office of Statewide Health Planning and Development (OSHPD) Technical Support at (916) 323-7685, or Longtermcare-alerts@oshpd.state.ca.us

GENERAL INSTRUCTIONS

1. Section 127285 of the Health and Safety Code requires every long-term care facility to file with OSHPD an Annual Utilization Report that contains utilization data for its licensed services. Failure to file a timely report may result in a suspended license by the Department of Health Services (DHS) until the report is completed and filed with OSHPD.
2. The standard report period for Annual Utilization Reports covers from January 1 to December 31, unless there has been a change in licensure (ownership) during the calendar year. In this case, the former licensee is responsible for submitting a report that covers from January 1 to the last date of licensure, while the new licensee is responsible for submitting a report that covers from the effective date of licensure to December 31.

Note: Facilities are encouraged to request permission to submit a combined 12-month report if there has been a change in licensure during the calendar year. The former and current licensees need to agree which licensee will be responsible for submitting the report. Please send your request to file a combined report by e-mail to Longtermcare-alerts@oshpd.state.ca.us, or contact OSHPD Technical Support at (916) 323-7685 for instructions.

If a facility opens or resumes operations during the year, the first utilization report would cover from the effective date of licensure to December 31. If a facility closes or suspends operations during the year, the final utilization report would cover from January 1 to the date of closure or suspension.

3. All long-term care facilities are required to submit their Annual Utilization Reports using OSHPD's web-based Automated Licensing Information and Report Tracking System (ALIRTS) for calendar year 2002 and thereafter. To use ALIRTS, facilities must have a PC with Internet access equipped with Internet Explorer (IE) Version 5.0 or higher with 128-bit encryption. Macintosh computers and Netscape browsers are not compatible with ALIRTS. Minimum PC requirements include a 133 MHz processor, at least 64 Mb of RAM, a 28.8 bps modem, and a printer. The PC and browser must be set to accept cookies and to open another window.

4. **Do not submit the hardcopy report to OSHPD.** Only facilities with prior formal written requests for modification of submission may use a different submission format.
5. Annual Utilization Reports are due on or before February 15 if the report is for a full 12-month report period. If the facility closes, the report is due 14 days from the date of notification from OSHPD.
6. Enter all amounts as whole numbers. Enter financial data to the nearest dollar. Do not use decimals, commas, dollar signs, spaces or special characters.
7. ALIRTS will calculate totals for a section or the entire report. Click on any “click to total” button within a section to calculate all of the totals in that section. Click on the “click to total” button at the end of the report to calculate all of the totals in the report.
8. When you have validated the report and eliminated all of the fatal errors and explained all of the warning errors in the report, you are ready to submit the report to OSHPD. Click on the “Submit” button at the end of the report. A screen will appear that will ask you to certify the accuracy of the report. If you agree with the terms, click on “O.K.” The ALIRTS application will re-validate the report. If it is valid, it will submit the report and a screen will appear that certifies that the report has been submitted. You can print this screen for your records. If it is not valid, the application will send you back to the report and show any remaining errors. Repeat until the report has been submitted.
9. When the report has been submitted you can view the report in the ALIRTS system. Log into ALIRTS, go to the ALIRTS Home page and search for the OSHPD ID number or name of your facility, then select “view report”. The report will be listed with a status of “Original Submitted”. Select “View” to review the report. If you need to make changes to the report, select “Open” and the report as originally submitted will be accessed. Make necessary changes and re-submit the report. While being revised it will have the status of “Revised In Process”. When it is re-submitted it will have the status of “Revised Submitted”.

SECTION 1 – GENERAL INFORMATION AND CERTIFICATION

This section contains basic information about the facility, the parent corporation, if any, and the person completing the report.

1. **Lines 1 - 5: Facility Name and Address**

The facility information for lines 1 through 5 is automatically entered from OSHPD's Licensed Facility Information System (LFIS) based on data from the Department of Health Services (DHS) Licensing and Certification Division. If you find any discrepancies in this information, please notify us by e-mail at Longtermcare-alirts@oshpd.state.ca.us or call (916) 323-7685.

2. **Lines 6 - 8: Facility Telephone Number, Administrator Name, and E-mail Address**

Enter the facility's main telephone number on line 6 and the administrator's name on line 7. Enter the administrator's e-mail address on line 8 if one is available. The administrator's e-mail address will not be made available to the public.

3. **Line 9: Operation Status**

On line 9, select "Yes" or "No" from the drop down menu to indicate whether or not the facility was in operation at any time during the year. If you selected "No" because the facility was not in operation during the year, do not complete the rest of the report. Go to the end of the report and select the "submit" button to submit the report to OSHPD.

4. **Lines 10 - 11: Dates of Operation**

If you answered "Yes" on line 9 because the facility was in operation during the year, enter the beginning and ending dates of operation on lines 10 and 11, respectively.

Example – A facility began operation on April 15 and continued operation for the rest of the year. Line 10 would be 04/15/2002 and line 11 would be 12/31/2002.

5. **Lines 12 – 16: Parent Corporation Information**

If the facility is a subsidiary or division of another corporation, enter the corporation's name, address and phone number on lines 12 through 16. If the facility is not a subsidiary or division of another corporation, leave these lines blank.

6. **Lines 17 – 20: Person Completing the Report (Report Contact Person)**

The contact information on lines 17 through 20 will be filled in automatically based on the report preparer's registration information. The e-mail address on line 20 will not be made available to the public.

7. **Lines 30 and 31: Submitted By and Submitted Date and Time**

When the report is submitted, the ALIRTS application will supply the name of the person who submits the report, the date, and the time of submission on lines 30 and 31 of the final, submitted version of the report. Before the report is submitted lines 30 and 31 will read, "Not submitted yet".

SECTION 2 – FACILITY DESCRIPTION

This section includes information on the license category (type), licensee type of control and principal service type.

1. **Line 1: License Category (Type)**

The facility's license category for line 1 is automatically completed by OSHPD based on data from DHS, Licensing and Certification Division. License categories include Skilled Nursing, Intermediate Care, Intermediate Care/Developmentally Disabled, and Congregate Living Health Facility. If you find any discrepancies in this information, please notify us by e-mail at Longtermcare-alirts@oshpd.state.ca.us or call (916) 323-7685.

2. **Line 5: Licensee Type of Control**

Select from the drop down menu the Licensee Type of Control code that best describes the facility's type of ownership.

3. **Line 21 through 26: Facility Certifications**

For lines 21 through 26, check ("✓") each of the categories for which your facility was certified or contracted during the year. Check all that apply.

SECTION 3 – CENSUS AND UTILIZATION

In this section, the facility reports about capacity and utilization of inpatient licensed bed services for the reporting period. It also includes information about Hospice programs, and special programs for AIDS/HIV and Alzheimer's disease, if any.

1. **Line 1: Prior Year Census**

The prior year census on line 1 is automatically completed for each bed category by OSHPD based on data from the prior year report, if the information is available. Review the census for each licensed bed category. If the information is not correct, overwrite the incorrect data with the correct data.

Note: Skilled Nursing Mentally Disordered (SNMD) (column 2) is not a licensed bed category, but is a subcategory of Skilled Nursing. It includes only those beds that are licensed by DHS, Licensing and Certification as "Special Treatment Program" beds as a subcategory of Skilled Nursing. Data for those beds licensed as Skilled Nursing but approved for a Mentally Disordered program are reported under Skilled Nursing, column 1.

2. **Line 2: Admissions**

Enter on line 2 the total number of patients admitted to each licensed bed category reported in columns 1 through 5. Include patients being transferred from other licensed bed categories or Residential Care. Do not include patients being transferred from a Medicare Distinct Part bed to another Skilled Nursing bed.

3. **Line 3: Discharges**

Enter on line 3 the total number of patients discharged from each licensed bed category reported in columns 1 through 5. Include patients being transferred to other licensed bed categories or Residential Care. Do not include patients being transferred from a Skilled Nursing bed to a Medicare Distinct Part bed.

4. **Line 4: December 31 – Current Year Census**

The ALIRTS application will complete line 4 with the total of lines 1 through 3 (Prior Year Census plus the total admissions for the year less the total discharges for the year). Bed holds should be counted in the prior year and current year census.

5. **Line 5: Patient Days**

Enter on line 5 the number of patient days for the year for each licensed bed category reported in columns 1 through 5.

6. **Line 7: Licensed Beds**

The number of licensed beds is automatically completed on lines 7 by OSHPD based on data from DHS, Licensing and Certification Division. If you find any discrepancies in this information, please notify us by e-mail at Longtermcare-alirts@oshpd.state.ca.us or call (916) 323-7685.

7. **Line 8: Licensed Bed Days**

The number of licensed bed days is automatically completed on line 8 by OSHPD based on data from DHS, Licensing and Certification Division. If you find any

discrepancies in this information, please notify us by e-mail at Longtermcare-alerts@oshpd.state.ca.us or call (916) 323-7685.

8. **Column 6: Total**

The ALIRTS application will complete column 6 with the sum of columns 1 through 5.

9. **Lines 11 through 18: Patients Admitted From and Discharged To**

Column 1: Admitted From – Enter in column 1 the number of patients admitted from each location shown on lines 11 through 16. This is the patient's primary place of residence immediately prior to admission to this facility. Note that no patients can be admitted from AWOL or death, lines 17 and 18.

Column 2: Discharged To – Enter in column 2 the number of patients discharged to each location shown on lines 11 through 18. This is the patient's primary location immediately following discharge from this facility.

10. **Line 20: Total Patients Admitted From and Discharged To**

The ALIRTS application will complete line 20 with the sum of lines 11 through 18 for columns 1 and 2.

11. **Lines 21 through 29: Patients by Payment Source on December 31**

Enter on lines 21 through 29 the number of patients in the facility by the principal source of payment shown. If the report period did not end on December 31, enter the number of patients on the last day of the report period. See the glossary for definitions of the primary source of payments.

12. **Line 30: Total Patients by Payment Source on December 31**

The ALIRTS application will complete line 30 with the sum of lines 21 through 29.

13. **Lines 31 through 41: Discharges by Length of Stay**

Enter on lines 31 through 41 the number of patients discharged from the facility whose length of stay corresponds with the time periods shown.

14. **Line 45: Total Discharges by Length of Stay**

The ALIRTS application will complete line 45 with the sum of lines 31 through 41.

15. **Line 51: Hospice Program**

For line 51, select "Yes" or "No" from the drop down menu to indicate whether or not your facility offered a hospice program during the report period.

16. **Line 52: Special Programs**

On line 52, enter the number of patients in your facility that were diagnosed as having AIDS, ARC prodromal AIDS or HIV-related diseases and illnesses (HTLV-III/LAV).

17. **Line 53: Alzheimer's Disease**

On line 53, select "Yes" or "No" from the drop down menu to indicate whether or not your facility had a specialized program for Alzheimer's patients.

18. **Line 54: Alzheimer's Disease**

Enter on line 54 the number of patients in your facility that had a primary or secondary diagnosis of Alzheimer's disease.

SECTION 4 – PATIENT DEMOGRAPHICS

This section includes information regarding the race, age, and ethnicity of male and female patients of the facility as of December 31 or the end of the report period. See glossary for race and ethnicity definitions.

1. **Lines 1 through 5: Race and Age of Male LTC Patients on December 31**
For each race shown on lines 1 through 5, enter the number of male patients in each of the corresponding age groups shown in columns 1 through 7.
2. **Column 8: Total Male LTC Patients on December 31**
The ALIRTS application will complete column 8 with the sum of columns 1 through 7.
3. **Line 6: Total Male LTC Patients on December 31**
The ALIRTS application will complete line 6 with the sum of lines 1 through 5.
4. **Lines 11 through 15: Race and Age of Female Patients on December 31**
For each race shown on lines 11 through 15, enter the number of female patients in each of the corresponding age groups shown in columns 1 through 7.
5. **Column 8: Total Female Patients on December 31**
The ALIRTS application will complete column 8 with the sum of columns 1 through 7.
6. **Line 16: Total Female Patients on December 31**
The ALIRTS application will complete line 16 with the sum of lines 11 through 15.
7. **Lines 21 through 23: Ethnicity of Patients on December 31**
For each ethnicity shown on lines 21 through 23, enter the number of male and female patients shown in columns 1 and 2.
8. **Column 3: Total Patients on December 31**
The ALIRTS application will complete column 3 with the sum of columns 1 and 2.
9. **Line 25: Total Patients on December 31**
The ALIRTS application will complete line 25 with the sum of lines 21 through 23.

SECTION 5 – MAJOR CAPITAL EXPENDITURES

This section satisfies Section 127285 (3) of the Health and Safety Code, which requires each facility to report “acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars (\$500,000.)” It also satisfies Section 127285 (4) of the Health and Safety Code, which requires each facility to report the “commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars (\$1,000,000.)”

1. **Line 1: Diagnostic and Therapeutic Equipment Costing Over \$500,000**

On line 1, select “Yes” or “No” from the drop down menu to indicate whether or not the facility acquired any diagnostic or therapeutic equipment with a cost or fair market value in excess of \$500,000. If “Yes”, complete lines 2 through 11, as necessary, to report the details of these acquisitions.

2. **Lines 2 through 11: Diagnostic and Therapeutic Equipment Detail**

Column 1: Description of Equipment

In column 1, enter a description of the acquired equipment.

Column 2: Cost

In column 2, enter the cost or fair market value of the acquired equipment. Report to the nearest dollar.

Column 3: Date of Acquisition

In column 3, enter the date the equipment was acquired. The date format is “MM/DD/YYYY”.

Column 4: Means of Acquisition

In column 4, select “Purchase”, “Lease”, “Donation”, or “Other” from the drop down menu to indicate the means of acquisition.

3. **Line 25: Building Projects Commenced During the Period Costing over \$1,000,000**

On line 25, select “Yes” or “No” from the drop down menu to indicate whether or not the facility commenced any building projects during the year that will require an aggregate capital expenditure exceeding \$1,000,000. If “Yes”, complete lines 26 through 30, as necessary, to describe the building project(s.)

Note: A building project is considered to be commenced in the reporting period in which OSHPD issues a project number for the project.

4. **Lines 26 through 30: Detail of Capital Expenditures**

Column 1: Description of Project

In column 1, enter a description of each building project started during the reporting period.

Column 2: Projected Total Capital Expenditure

In column 2, enter the projected total expenditure required to complete each building project started during the reporting period. Report to the nearest dollar.

Column 3: OSHPD Project No.

In column 3, enter the project number that was issued by Facilities Development Division, OSHPD, for each building project commenced during the reporting period. Report the primary project number but do not report any sub numbers under the primary number. See Glossary for details.

GLOSSARY

ANNUAL UTILIZATION REPORT OF LONG-TERM CARE FACILITIES

Bed Holds

Many nursing homes have policies regarding the "holding" of a patient's bed while the patient is on temporary leave, or is admitted to an acute hospital for an expected short stay. For Annual Report purposes, nursing homes are instructed to include these patients in the patient census, and not to count this temporary absence as a discharge. The patient's nursing home bed is being held and is unavailable to another patient.

Congregate Living Health Facility

A residential home, usually of no more than six beds, having a non-institutional, home-like environment that provides inpatient care, including medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, and social recreation. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities. (See Health and Safety Code, Section 1250 for details regarding maximum number and type of patients.)

Discharges

The formal release of a patient from a health facility because there is no longer a need for medical care.

Ethnicity – Hispanic

A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

Facility Certifications

The facility certifications allow facilities to receive reimbursement from the Medicare and Medi-Cal programs for the care of eligible patients in the areas for which they are certified. Certification is granted by DHS, Licensing and Certification. The categories in which facilities may be certified are as follows:

- Medicare Skilled Nursing
- Medi-Cal Skilled Nursing
- Medi-Cal Skilled Nursing/Mentally Disordered (Special Treatment Program)
- Medi-Cal Intermediate Care (General)
- Medi-Cal Intermediate Care/Developmentally Disabled
- Medi-Cal Subacute or Subacute - Pediatric

Facility Name

This is the name under which the facility is doing business (DBA name). This name may be an abbreviation of and may differ from the facility's legal name. It is listed on the license as the name of the facility being operated by the licensee.

Hospice Program

A hospice program is a centrally administered program of palliative and supportive services that provides physical, psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

Intermediate Care

Beds licensed by DHS, Licensing and Certification Division for the provision of inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

Intermediate Care Developmentally Disabled

Beds licensed by DHS, Licensing and Certification Division for the provision of personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

License Category

The license category describes the licenses issued to long-term care facilities by DHS, Licensing and Certification Division. It represents the highest level of licensed bed category in the facility. It does not necessarily represent the principle type of service offered to patients. See also Licensed Bed Category.

Licensed Bed Category

The licensed bed category scheme used by DHS, Licensing and Certification Division. The major DHS Bed Classifications for Long-Term Care are:

- Skilled Nursing,
- Intermediate Care,
- Intermediate Care /Developmentally Disabled
- Congregate Living Health Facility.

Note: Skilled Nursing Mentally Disordered is not a licensed category, but an approved DHS Special Treatment Program using Skilled Nursing beds.

Licensed Bed Days

The number of licensed beds multiplied by the number of days in the reporting period. This amount is calculated to reflect changes in the number of beds and is often used to calculate occupancy rates.

Licensed Beds

Licensed beds for the purpose of this report are the number of beds licensed by DHS, Licensing and Certification Division on the last day of the reporting period. This includes beds placed in suspense.

Licensee Type of Control

Denotes the type of ownership and/or legal organization of a facility licensee. The following nine types of control are reported:

- City and/or County
- District
- Non-Profit Corporation (incl. Church-Related)
- University of California
- State
- Investor - Individual
- Investor – Partnership
- Investor – Limited Liability Company
- Investor – Corporation

Managed Care

Managed care patients are patients enrolled in a managed care health plan who receive all or part of their health care from providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Health Maintenance Organizations (HMO), Health Maintenance Organizations with Point-of-Service (POS) option, Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Exclusive Provider Organizations with Point-of-Service option, etc. Also includes patients enrolled in Medicare and Medi-Cal managed care health plans.

Medi-Cal

The Medi-Cal payer category includes patients covered by the traditional fee-for-service Medi-Cal program. Patients enrolled in a Medi-Cal Managed Care health plan are reported under Managed Care. (See **Payment Source** for a list of the six payment sources.)

Medicare

The Medicare payer category includes patients covered under the Social Security Amendments of 1965. These patients are primarily the aged and needy. Patients enrolled in a Medicare Managed Care plan are reported under Managed Care.

OSHPD Facility Number

This is a nine-digit facility identification number assigned by OSHPD for reporting purposes. The first three digits indicate the type of facility, the next two digits indicate the county in which the facility operates, and the last four digits are assigned to identify the facility.

Parent Corporation

A corporation of which the facility is a subsidiary or division. The facilities license may be held by either the facility or the parent corporation.

Patient Days

The sum of all inpatient daily census counts for each day of the reporting period (cumulative census.) The reporting period is usually the calendar year unless the hospital was not in operation all year.

Payment Source

The third-party or individual who is responsible for the predominate portion of a patient's bill. The Office has established six payer categories: Medicare, Medi-Cal, Managed Care, Private Insurance, Self-Pay, and All Other (see definition of each payment source for more detail.)

Private Insurance

Private insurance includes all forms of health coverage except Medicare, Medi-Cal, and managed care plans. Examples include TRICARE, IRCA/SLIAG, California Children's Services, indemnity plans, fee-for-service plans, and Worker's Compensation.

Project Number

A number issued to the facility by Facilities Development Division, OSHPD, to identify construction projects. The project number for building projects costing \$1,000,000 or more consists of an 8 digit alpha-numeric number in the following format:

First digit:

The letters S, H, or I, indicating the type of equipment.

Second digit:	The letters S or L, indicating the issuing office (Sacramento or Los Angeles.)
Third and Fourth digits:	Two numbers indicating the year the project number was issued. For this report the third and fourth digits will be "02".
Fifth through eighth digits:	Four numbers indicating the sequence, starting with 0001 and continuing as far as necessary.

Example: HL020123

Race – Asian/Pacific Islander

A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Race - Black

A person having origins in or who identifies with any of the black racial groups of Africa.

Race – Native American

A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Race – Other/Unknown

Any possible options not covered in the other race categories.

Self Pay

Patients in this payer category are personally responsible for their health care expenses. They are not covered by private insurance, are not eligible for government programs such as Medicare and Medi-Cal, and are not eligible for charity care write-offs.

Skilled Nursing

Beds licensed by DHS, Licensing and Certification Division for the provision of continuous nursing and other health related services to patients who are not in an acute phase of physical illness, but who require continued care on an inpatient basis.

Skilled Nursing Mentally Disordered

Beds licensed by DHS, Licensing and Certification as Special Treatment Program beds are a subcategory of Skilled Nursing beds. Skilled Nursing beds that DHS has authorized to be used in a Mentally Disordered program need to be reported under the Skilled Nursing category.